



FACILITY ID: 1711-2230

FACILITY NAME: Mono Mineral Corp

TYPE OF REFERRAL: ~~FE~~ PERM/FS

DATE REFERRED: June 27, 1983

RECOMMENDED ACTION:

FINAL ACTION + DATE:

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Region III - 6th & Walnut Sts.
Philadelphia, Pa. 19106

JUN 27 1983

SUBJECT: Mars Mineral Corp.
PAT 44 001 2235

DATE:

FROM: *Paul* Henry J. Sokolowski, Chief,
Facilities Management Section (3AW32)

TO: Peter Schaul, Chief,
Waste Enforcement Section (3AW22)

Attached is file for subject facility being sent for possible enforcement action. A chronology of events is:

12/3/80 Mars submitted Notification form and Part A indicating they are a TSDF and a new facility by the existence date (1/2/81)

12/4/80 EPA Identification Number was issued and acknowledgment was sent to Mars.

3/18/82 Mr. Engelleitner, the President of Mars, was contacted by Paul Gotthold. The purpose was to learn the status of the Part B submittal. Paul was informed that the facility is operating (without Interim Status) because Mr. Engelleitner thought the notification acknowledgment was his "permit."

3/29/81 A letter was sent to Mr. Engelleitner outlining the but requirements. To date EPA has not received any should response
be
3/29/82

Attachment

cc:
Joanne McKernan ✓



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
101 S. Mercer Street
New Castle, Pennsylvania, 16101
Telephone: 412-656-3160
January 31, 1984



Subject: Mars Mineral Corporation
Adams Township
Butler County
PAT440012235

Mr. Robert G. Hinkle
Mars Mineral Corporation
P.O. Box 128
Valencia, PA 16059

Dear Mr. Hinkle:

This letter will confirm our January 30, 1984 conversation regarding hazardous waste management facility permitting requirements.

Processing (pelletizing) of emission control dust/sludge from the electric furnace production of steel (K061) for the purposes of recycling or reuse requires a storage permit. §75.261(e)(2) of the Pennsylvania Solid Waste and Hazardous Waste regulations provides that a generator, transporter, owner or operator of a facility which uses, reuses, or recycles or reclaims a hazardous waste which is being beneficially used, reused or legitimately recycled or reclaimed shall be subject to the following with respect to such transportation or storage:

- (i) Notification requirements, §75.267
- (ii) Generator requirements, §75.262
- (iii) Transporter requirements, §75.263
- (iv) All applicable requirements of §75.264, §75.265 (Hazardous waste management facilities)

Your company could be regarded as a generator of hazardous waste if the processing of hazardous waste produces any residues. §75.261(b)(3)(ii) states that any solid waste generated from the treatment, storage or disposal of a hazardous waste, including any sludge, spill residue, ash, emission control dust or leachate - but not including precipitation run-off, is a hazardous waste.

Hazardous wastes must be transported by haulers licensed to transport hazardous waste in the Commonwealth as provided under §75.263(c)(1).

A notification of hazardous waste activity form (ER-SWM-53) must be filed by any person generating, transporting, or owning or operating a facility for treatment, storage or disposal of hazardous waste as required by §75.267(b) of the regulations.

Your company must amend the Part A application form filed with the EPA dated 12/3/80 by completing a Hazardous Waste Permit Application - Part A reflecting changes in the facility location, wastes to be processed, installation contact, and other applicable changes.

A notification form, cover letter, the Part A application and five copies should be directed to:

Mr. Russell Crawford
Regional Solid Waste Manager
Dept. of Environmental Resources
1012 Water Street
Meadville PA 16335

A notification form, cover letter, and a copy of the Part A application should be directed to:

Shirley Bulkin
U.S. EPA Region III
6th & Walnut Streets
Philadelphia PA 19106

After receipt of the completed notification form and Part A application, the Department will request the submission of the Part B Hazardous Waste Permit Application (§75.265(z)(6)). Information required under the Part B application is listed in the regulations, §75.265(z) 18-26.

A Hazardous Waste Management storage facility permit will not be required if the material to be processed for recycling or reuse is not a sludge, or is not listed in §75.261(h) of the regulations.

(Example: Legitimate recycling or reclamation of emission control dust with the hazardous waste number D007 is subject only to applicable notification, manifest, and quarterly report requirements. (§75.261(e)(1)(2)).

If hazardous waste which is a sludge or is listed under subsection 75.261(h) is never physically stored prior to or after processing, a storage permit may not be required upon Departmental review of the procedure.

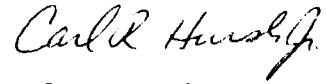
Mr. Robert G. Hinkle

-3-

January 31, 1984

I have enclosed a copy of the regulations, a notification form ER-SWM-53, and a Part A application with instructions for your use. If you should have any questions or comments, feel free to contact this writer.

Sincerely,



Carl R. Hursh
Solid Waste Specialist

Enclosures: (3)

CRH:ss

cc: EPA Region III
Butler File
Regional File
Chronology File

OK RP. 4-22-82

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE REPORT

Please print or type with ELITE type (12 characters/inch).

PLEASE PLACE LABEL IN THIS SPACE

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

03-31-1982

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

- - - 19

II. INSTALLATION'S ID. NUMBER

WVD076826015

III. NAME OF INSTALLATION

HUNTINGTON ALLOYS, INC.

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

PO BOX 1958

CITY OR TOWN

HUNTINGTON

ST.

WV

ZIP CODE

25720

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

GUYAN RIVER ROAD

MUNICIPALITY

CITY OR TOWN

HUNTINGTON

ST.

WV

ZIP CODE

25720

COUNTY

VI. INSTALLATION CONTACT

NAME (last and first)

BARTA JOSEPH

PHONE NO. (area code & no.)

304 696 6260

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

WVD 094215100

VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

\$

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND
MAINTENANCE (disposal facilities only)

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

C. E. Manilla

A. Print or Type Name

C. E. Manilla

B. Signature

4/1/82

C. Date Signed

GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL
USE ONLY
(Items 1 and 2)

1. DATE RECEIVED

- 1 9

X. GENERATOR'S I.D. NO.

2. RECEIVED BY

W V D 0 7 6 8 2 6 0 1 5

XI. FACILITY'S I.D. NO.

P A T 4 4 0 0 1 2 2 3 5

XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code)

Clinton Industrial Park
Saxonburg Blvd.
Saxonburg, PA 16056

XII. FACILITY NAME (specify)

Mars Mineral Corporation

MUN. Clinton Township

COUNTY Butler

XIV. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Baghouse Dust, Solid N.O.S. Metallic Oxides of Cr, Cu, Fe, Mg, Mn, Ni, Se MDN- PA A0975306	1 2	D 0 0 7 D 0 1 0	3 5 3 0 0	P	*
2	Same as above (1) MDN- PA A0975310	1 2	D 0 0 7 D 0 1 0	3 3 4 4 0	P	*
3	Same as above (1) MDN- PA A0975321	1 2	D 0 0 7 D 0 1 0	3 5 0 0 0	P	*
4	Same as above (1) MDN- PA A0975343	1 2	D 0 0 7 D 0 1 0	4 0 3 0 0	P	*
5	Same as above (1) MDN- PA A0975354	1 2	D 0 0 7 D 0 1 0	3 3 8 4 0	P	*
6	MDN-					
7	MDN-					
8	MDN-					
9	MDN-					
10	MDN-					

XV. COMMENTS (enter information by line number-see instructions.)

*Section XIV F - Zerkle Trucking has applied for license number, but it has not been issued by the State.

05
 OF PD 2-1-82
 PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
 BUREAU OF SOLID WASTE MANAGEMENT
 HAZARDOUS WASTE REPORT

Please print or type with ELITE type (12 characters/line)

PLEASE PLACE LABEL IN THIS SPACE

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

12 - 31 - 1981

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

- - - 19

II. INSTALLATION'S ID. NUMBER

WVD 076826035

III. NAME OF INSTALLATION

HUNTINGTON ALLOYS, INC.

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

P O BOX 1958

CITY OR TOWN

HUNTINGTON

ST.

ZIP CODE

WV 25720

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

GUYAN RIVER ROAD

MUNICIPALITY

CITY OR TOWN

HUNTINGTON

ST.

ZIP CODE

WV 25720

COUNTY

VI. INSTALLATION CONTACT

NAME (last and first)

BARTA JOSEPH

PHONE NO. (area code & no.)

304 696 6250

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

WVD 094215100

VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND
MAINTENANCE (optional facilities only)

\$

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

C. E. Manilla

A. Print or Type Name

C. E. Manilla

B. Signature

1/19/82

C. Date Signed

GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL
USE ONLY
(Items 1 and 2)

1. DATE RECEIVED

X. GENERATOR'S I.D. NO.

2. RECEIVED BY

WV D 0 7 6 8 2 6 0 1 5

III. FACILITY'S I.D. NO.

P A T 4 4 1 0 1 2 2 3 5

XIII. FACILITY ADDRESS (Street or P.O. box, city, state & zip code)

Clinton Industrial Park
Saxonburg Blvd.
Saxonburg, PA 16056

XII. FACILITY NAME (specify)

Mars Mineral Corp.

MUN. Clinton Township

COUNTY Butler

WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	S. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Baghouse Dust, Solid N.O.S. Metalloids of Cr, Cu, Fe, Mg, Mn, Ni, Se MDN- PA A0975262	1 2	D 0 0 7 D 0 1 0	3 4 3 2 0	p	*
2	Same as above (1) MDN- PA A0975273	1 2	D 0 0 7 D 0 1 0	3 4 6 2 0	p	*
3	Same as above (1) MDN- PA A0975284	1 2	D 0 0 7 D 0 1 0	4 5 2 4 0	p	*
4	Same as above (1) MDN- PA A0975295	1 2	D 0 0 7 D 0 1 0	4 3 1 6 0	p	*
5	MDN-					
6	MDN-					
7	MDN-					
8	MDN-					
9	MDN-					
10	MDN-					

XV. COMMENTS (enter information by line number and instructions.)

*Section XIV F - Zerkle Trucking has applied for license number, but it has not been issued by the State.

OK 11/10-15-81

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE REPORT

MA
OCT 13 1981

Please print or type with ELITE type (12 characters/inch)

PLEASE PLACE LABEL IN THIS SPACE

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

09-30-1981

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

- - - 19

II. INSTALLATION'S ID. NUMBER

WVD076826015

III. NAME OF INSTALLATION

HUNTINGTON ALLOYS, INC.

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

P. O. BOX 1958

CITY OR TOWN

HUNTINGTON

ST.

ZIP CODE

WV 25720

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

RIVERSIDE DRIVE

MUNICIPALITY

NA

CITY OR TOWN

HUNTINGTON

ST.

ZIP CODE

WV 25720

COUNTY

VI. INSTALLATION CONTACT

NAME (first and last)

BART A JOSEPH

PHONE NO. (area code & no.)

304 696 6260

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

WVD 094215100

VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

\$

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND
MAINTENANCE (disposal facilities only)

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that I am on my oath of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

C. E. Manilla

A. Print or Type Name

B. Signature

C. Date Signed

OCT 13 1981

GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL USE ONLY (Items 1 and 2)		1. DATE RECEIVED		- 1 9		X. GENERATOR'S I.D. NO.										
		2. RECEIVED BY		W V D 0 7 6 8 2 6 0 1 5												
XI. FACILITY'S I.D. NO.						XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code).										
P A T 4 4 0 0 1 2 2 3 5						Clinton Industrial Park Saxonburg Blvd. Saxonburg, PA 16056										
XII. FACILITY NAME (specify).						MUN. Clinton Township COUNTY Butler										
Mars Mineral Corp.																
XIV. WASTE IDENTIFICATION																
LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)					B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.						
1	Baghouse Dust, Solid N.O.S. Metallic Oxides Cr, Cu, Fe, Mg, Mn, Ni, Se					1 2	D 0 0 7 D 0 1 0	3 6 2 6 0	P	*						
	MDN- PA A 0975096															
2	Baghouse Dust, Solid N.O.S. Metallic Oxides Cr, Cu, Fe, Mg, Mn, Ni, Se					1 2	D 0 0 7 D 0 1 0	4 1 9 0 0	P	*						
	MDN- PA A 0975100															
3	Baghouse Dust, Solid N.O.S. Metallic Oxides Cr, Cu, Fe, Mg, Mn, Ni, Se					1 2	D 0 0 7 D 0 1 0	4 0 2 4 0	P	*						
	MDN- PA A 0975111															
4	Baghouse Dust, Solid N.O.S. Metallic Oxides Cr, Cu, Fe, Mg, Mn, Ni, Se					1 2	D 0 0 7 D 0 1 0	3 9 3 8 0	P	*						
	MDN- PA A 0975122															
5																
	MDN-															
6																
	MDN-															
7																
	MDN-															
8																
	MDN-															
9																
	MDN-															
10																
	MDN-															
XV. COMMENTS (enter information by line number in instructions.)																
*Section XIV F - Zerkle Trucking has applied for License No., but it has not been issued.																

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE REPORT

JUL 3 1 1981

Div. of Hazardous Waste

Please print or type with ELITE type (12 characters/inch)

PLEASE PLACE LABEL IN THIS SPACE

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

0 6 - 3 0 - 1 9 8 1

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

- - - 1 9

II. INSTALLATION'S ID. NUMBER

W V D 0 7 6 8 2 6 0 1 5

III. NAME OF INSTALLATION

H U N T I N G T O N A L L O Y S , I N C .

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

P . O . B O X 1 9 5 8

CITY OR TOWN

H U N T I N G T O N

ST.

W V

ZIP CODE

2 5 7 2 0

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

R I V E R S I D E D R I V E

MUNICIPALITY

N A

CITY OR TOWN

H U N T I N G T O N

ST.

W V

ZIP CODE

2 5 7 2 0

COUNTY

C A B E L L

VI. INSTALLATION CONTACT

NAME (last and first)

B A R T A J O S E P H

PHONE NO. (area code & no.)

3 0 4 6 9 6 6 2 6 0

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

WVD 094215100

VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

\$

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND
MAINTENANCE (disposal facilities only)

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

C. E. Manilla

A. Print or Type Name

B. Signature

C. Date Signed

GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL
USE ONLY
(Items 1 and 2)

1. DATE RECEIVED

- - 1 9

X. GENERATOR'S I.D. NO. 1981

2. RECEIVED BY

W V D 0 7 6 8 2 6 0 1 5

XI. FACILITY'S I.D. NO.

P A T 4 4 0 0 1 2 2 3 5

XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code)

Clinton Industrial Park
Saxonburg Blvd.
Saxonburg, PA 16056

XII. FACILITY NAME (specify).

Mars Mineral Corp.

MUN. Clinton Township

COUNTY Butler

XIV. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Baghouse Dust, Solid N.O.S. Metallic Oxides Cr, Cu, Fe, Mg, Mn and Ni MDN- PA A 0975015	1 2	D 0 0 7	3 5 5 2 0	P	*
2	Baghouse Dust, Solid N.O.S. Metallic Oxides Cr, Cu, Fe, Mg, Mn and Ni MDN- PA A 0975026	1 2	D 0 0 7	3 4 2 4 0	P	*
3	Baghouse Dust, Solid N.O.S. Metallic Oxides Cr, Cu, Fe, Mg, Mn and Ni MDN- PA A 0975030	1 2	D 0 0 7	3 9 8 0 0	P	*
4	Baghouse Dust, Solid N.O.S. Metallic Oxides Cr, Cu, Fe, Mg, Mn and Ni MDN- PA A 0975041	1 2	D 0 0 7	4 1 1 0 0	P	*
5	Baghouse Dust, Solid N.O.S. Metallic Oxides Cr, Cu, Fe, Mg, Mn and Ni MDN- PA A 0975052	1 2	D 0 0 7	3 6 2 2 0	P	*
6	Baghouse Dust, Solid N.O.S. Metallic Oxides Cr, Cu, Fe, Mg, Mn and Ni MDN- PA A 0975074	1 2	D 0 0 7	4 0 3 4 0	P	*
7	Baghouse Dust, Solid N.O.S. Metallic Oxides Cr, Cu, Fe, Mg, Mn and Ni MDN- PA A 0975085	1 2	D 0 0 7	3 5 5 2 0	P	*
8	MDN-					
9	MDN-					
10	MDN-					

XV. COMMENTS (enter information by line number-see instructions.)

* Section XIV F - Zerkle Trucking has applied for License No. but it has not been issued.

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE REPORT

Pittsburgh

Please print or type with ELITE type (12 characters/inch)

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

0 3 - 3 1 - 1 9 8 1

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

- 1 9

PLEASE PLACE LABEL IN THIS SPACE

II. INSTALLATION'S ID NUMBER

W V D 0 7 6 8 2 6 0 1 5

III. NAME OF INSTALLATION

H U N T I N G T O N A L L O Y S , I N C .

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

P . O . B O X 1 9 5 8

CITY OR TOWN

ST

ZIP CODE

H U N T I N G T O N

W V

2 5 7 2 0

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

MUNICIPALITY

R I V E R S I D E D R I V E

NA

CITY OR TOWN

ST

ZIP CODE

COUNTY

H U N T I N G T O N

W V

2 5 7 2 0

CABELL

VI. INSTALLATION CONTACT

NAME (last and first)

PHONE NO. (area code & no.)

B A R T A J O S E P H

3 0 4 6 9 6 6 2 6 0

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

WVD 09 4215100

VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND
MAINTENANCE (disposal facilities only)

\$

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

C. E. Manilla

A. Print or Type Name

C. E. Manilla

B. Sign Name

Apr. 24, 1981

C. Date Signed

GENERATOR QUARTERLY REPORT - PART A

FOR OFFICIAL USE ONLY (Items 1 and 2)	1. DATE RECEIVED	- 1 9	X GENERATOR'S I.D. NO.
	2. RECEIVED BY		W V D 0 7 6 8 2 6 0 1 5
XI. FACILITY S.I.D. NO.		XIII. FACILITY ADDRESS (Street or PO box, city, state & zip code)	
P A T 4 4 0 0 1 2 2 3 5		Clinton Industrial Park Saxonburg Blvd Saxonburg, PA 16056	
XII. FACILITY NAME (specify)		MUN. Clinton Township COUNTY Butler	
Mars Mineral Corp.			

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. DOT Hazard Class	C. Hazardous Waste Number	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Baghouse Dust, Solid N.O.S. Metallic Oxides of Al, Cr, Cu, Fe, Mg, Mn and Ni MDN-H00001 (See Note "a" Section XV)	1 2	D 0 0 7	2 6 3 0 0	P	(b)
2	Baghouse Dust, Solid N.O.S. Metallic oxides of Al, Cr, Cu, Fe, Mg, Mn and Ni MDN-H00002 (See Note "a" Section XV)	1 2	D 0 0 7	2 1 1 0 0	P	(b)
3	Baghouse Dust, Solid N.O.S. Metallic oxides of Al, Cr, Cu, Fe, Mg, Mn and Ni MDN-H00003 (See Note "a" Section XV)	1 2	D 0 0 7	2 9 3 2 0	P	(b)
4	Baghouse Dust, Solid N.O.S. Metallic Oxides of Al, Cr, Cu, Fe, Mg, Mn and Ni MDN-PA A0805965	1 2	D 0 0 7	3 7 7 8 0	P	(b)
5	Baghouse Dust, Solid N.O.S. Metallic Oxides of Al, Cr, Cu, Fe, Mg, Mn and Ni MDN-PA A0805976	1 2	D 0 0 7	3 1 0 2 0	P	(b)
6	Baghouse Dust, Solid N.O.S. Metallic Oxides of Al, Cr, Cu, Fe, Mg, Mn and Ni MDN-PA A0805954	1 2	D 0 0 7	3 5 9 2 0	P	(b)
7	Baghouse Dust, Solid N.O.S. Metallic Oxides of Al, Cr, Cu, Fe, Mg, Mn and Ni MDN-PA A0805980	1 2	D 0 0 7	3 3 7 0 0	P	(b)
8	Baghouse Dust, Solid N.O.S. Metallic Oxides of Al, Cr, Cu, Fe, Mg, Mn and Ni MDN-PA A0976006	1 2	D 0 0 7	3 4 6 4 0	P	(b)
9	MDN-					
10	MDN-					

XV. COMMENTS (enter information by line number-see instructions)

- (a) Company manifest used for first three shipments. W.Va. does not have specific manifest.
- (b) Zerkle Trucking of Huntington, W. Va. has applied for but not received a PA Hazardous Waste Transporter License Number.

RECORD OF COMMUNICATION	<input checked="" type="checkbox"/> PHONE CALL <input type="checkbox"/> DISCUSSION <input type="checkbox"/> FIELD TRIP <input type="checkbox"/> CONFERENCE <input type="checkbox"/> OTHER (SPECIFY) _____		
(Record of item checked above)			
TO: <i>[Signature]</i>	FROM: <i>CARL HURSH S.W.S. DER (HEADVILLE)</i>	DATE: <i>1/31/84</i>	TIME: <i>2:45 PM</i>
SUBJECT: <i>① MARS MINERAL CORP. ② FLOWLINE CORPORATION</i>			
SUMMARY OF COMMUNICATION <p>① Carl called to inform me that he had recently completed an inspection of Mars Mineral Corp. He stated that:</p> <ul style="list-style-type: none"> • Facility will move to a new location as a result of a fire • Facility makes pelletizing equipment; has used haz. waste to demonstrate said equipment. Because they expect to continue these demonstrations, a permit is required. DER has requested a Part A submittal. <p>The facility, however was not in operation before ^{revised} 11/19/80, and as such would require a Part B permit.</p> <ul style="list-style-type: none"> • I informed Carl that we may pursue this case with an administrative order. <p>② I asked Carl if the violations noted in his inspection report of 10/19/83 from Flowline Corp. had been corrected. He stated that an NOV was issued and that the facility has an agreement w/ Chemtron, Inc. to remove waste w/in 90 days. Also the labelling and record keeping violations will be corrected.</p>			
INFORMATION COPIES TO: _____			

RECORD OF COMMUNICATION		RETURN			
		<input checked="" type="checkbox"/> PHONE CALL	<input type="checkbox"/> DISCUSSION	<input type="checkbox"/> FIELD TRIP	<input type="checkbox"/> CONFERENCE
		<input type="checkbox"/> OTHER (SPECIFY)			
		(Record of item checked above)			
TO:	JW		FROM:	CARL HURSH SWS DER (MEADVILLE)	DATE 9/1/83
					TIME 3:10 PM
SUBJECT FACILITY INSPECTION REPORTS					
SUMMARY OF COMMUNICATION					
<p>① SPANG: PAD 98 071 5742 : CARL CARL CONFIRMED THAT PONDS ARE USED AS FINAL CLARIFIERS PRIOR TO DISCHARGE. SPANG WILL BE MEETING W/DER SOON TO ADDRESS RECENT NOV. CARL WILL FORWARD LATEST INSPECTION REPORT.</p> <p>② WARRENDALE PLATING - PAD 00 438 6629 CARL STATED THAT THE FACILITY HAS BEEN CLOSED SINCE THE FIRE IN 1981 AND THAT NO NEW WASTE HAS BEEN GENERATED SINCE. WASTE IS IN TANKS AND IN IMPOUNDMENTS (QUANTITY IS UNKNOWN; EARTHEN, UN-LINED IMPOUNDMENTS). CO. HAS DONE SAMPLING AND WILL PRESENT ANALYSIS TO DER ON 9/2/83 TO GET GUIDANCE FOR CLOSURE FROM DER.</p> <p>③ SECHAN LIMESTONE INDUSTRIES, INC. PAD 00 286 0377 CONSENT ORDER CURRENTLY BEING DRAFTED FOR CLOSURE OF DISPOSAL PIT. ALSO, AS REQUESTED, THE ASSESSMENT & ABATEMENT PLAN HAS BEEN SUBMITTED TO DETR.</p> <p>④ INMETCO PAD 08 756 1015 ALTHOUGH LISTED FOR EMERGENCY USE</p>					
<p>CONSENTIONS, ACTION TAKEN OR REQUIRED</p> <p>IN PART A APPLICATION, THE IMPOUNDMENT IS ACTIVELY USED FOR TEMPERATURE/PH CONTROL PRIOR TO DISCHARGE TO A POTW. THE IMPOUNDMENT WILL BE CLOSED, HOWEVER. POST-CLOSURE PLAN BEING UPDATED.</p>					
<p>⑤ ARNCO, INC. PAD 00 432 5254 SEVERAL GWM WELLS IN. CO. HOWEVER, HAS FORWARDED DELISTING PETITION TO HARRISBURG FOR</p>					
<p>INFORMATION SERIES REVIEW</p>					
<p>⑥ MARS MINERAL CORP PAT 44 001 2235 CARL HAS NOT INSPECTED</p>					

RECORD OF COMMUNICATION	<input checked="" type="checkbox"/> PHONE CALL <input type="checkbox"/> DISCUSSION <input type="checkbox"/> FIELD TRIP <input type="checkbox"/> CONFERENCE <input type="checkbox"/> OTHER (SPECIFY) _____ <small>(Record of item checked above)</small>		
TO: CARL HURSH, SWS DER (MEADVILLE R.O.)	FROM:	DATE 7/6/83 TIME 9:55 AM	
SUBJECT: ① SECHAN LIMESTONE ② ARMCO INC. ③ MARS MINERAL CORP. ④ SPANG'S CO. PAD 00286 0377 PAD 00432 5254 PAT 44 001 2235 PAD 98 071 5742			
SUMMARY OF COMMUNICATION ① SECHAN: LAST INSPECTION REPORT (AS WELL AS PREVIOUS ONE) INDICATED EXISTENCE OF EXCESSIVE FREE LIQUIDS IN LANDFILL. DER HAS VERBALLY ASKED FOR REMOVAL OF ALL LIQUID MATERIAL, HALTING OF TRUCK WASHING (REPLACE W/ DISPOSABLE PLASTIC LINER), AND IMPROVED MANAGEMENT OF RUNOFF. CARL IS ARRANGING A COMPLIANCE MEETING IN THE NEAR FUTURE. THE 2 ND QUARTERLY SAMPLE WAS RECENTLY TAKEN. IT APPEARS THAT THE CO. WILL BE REQUIRED TO IMPLEMENT ITS ASSESSMENT/ABATEMENT PLAN.			
② ARMCO INC.: I ASKED ABOUT THE EXISTENCE OF SURFACE IMPOUNDMENTS BECAUSE THE PART A ONLY SPECIFIES TOP FOR TREATING HAZARDOUS WASTES. THESE DO EXIST BUT THE CO. HAS REQUESTED THE DELISTING OF ITS CONTENTS AS HAZ. WASTE. DER & CO. ARE NEGOTIATING LOCATION OF SAMPLING POINTS TO DETERMINE THIS. DER WILL REQUIRE THE INSTALLATION OF AN ADDITIONAL GWM WELL. *			
③ MARS MINERAL CORP.: FAC. MGMT. SECTION DISCOVERED THAT THIS FACILITY APPEARS TO BE OPERATING WITHOUT A PERMIT. CARL DID NOT KNOW ANY DETAILS AS HE HAD ONLY RECENTLY DISCOVERED ITS EXISTENCE VIA A MANIFEST. I WILL SEND HIM COPIES OF ALL INFO ON CONCLUSIONS, ACTION TAKEN OR REQUIRED FILE AND CONTACT WITHIN A MONTH.			
④ SPANG'S CO.: I CLARIFIED THROUGH CARL THAT SPANG DOES INDEED TREAT A HAZ. CYANIDE WASTE AND FAILED TO NOTIFY OF THIS ACTIVITY. CARL WILL CONTACT THIS FACILITY AGAIN AND HAVE THEM RE-NOTIFY.			
* DER: EPA REGS. REQUIRE A PART B FOR SURFACE IMPOUNDMENTS INFORMATION COPIES TO: AND RESTRICT THEM FROM "PERMIT-BY-RULE".			

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

JUN 27 1983

Mars Mineral Corp.
PAT 44 001 2235

Henry J. Sokolowski, Chief,
Facilities Management Section (3AW32)

Peter Schaul, Chief,
Waste Enforcement Section (3AW22)

Attached is file for subject facility being sent for possible enforcement action. A chronology of events is:

- 12/3/80 Mars submitted Notification form and Part A indicating they are a TSDF and a new facility by the existence date (1/2/81)
- 12/4/80 EPA Identification Number was issued and acknowledgment was sent to Mars.
- 3/18/82 Mr. Engelleitner, the President of Mars, was contacted by Paul Gotthold. The purpose was to learn the status of the Part B submittal. Paul was informed that the facility is operating (without Interim Status) because Mr. Engelleitner thought the notification acknowledgment was his "permit."
- 3/29/81 A letter was sent to Mr. Engelleitner outlining the but requirements. To date EPA has not received any should response be
- 3/29/82

Attachment

cc:
Joanne McKernan

3AW32:SBulkin:jlb:6/24/83

CONCURRENCES

SYMBOL	3AW32	3AW32	3AW					
SURNAME	BULKIN	SOKOLOWSKI						
DATE	6/21/83	6/27/83						

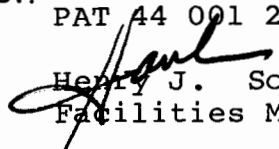
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Region III - 6th & Walnut Sts.
Philadelphia, Pa. 19106

JUN 27 1983

SUBJECT: Mars Mineral Corp.
PAT 44 001 2235

DATE:

FROM:  Henry J. Sokolowski, Chief,
Facilities Management Section (3AW32)

TO: Peter Schaul, Chief,
Waste Enforcement Section (3AW22)

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Attachment

cc:
Joanne McKernan



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

In Reply Refer To: 3EN32

MAR 29 1981

William Engelleifner
Mars Mineral Corporation
P.O. Box 128
Valencia, Pennsylvania 16059

Dear Mr. Engelleifner:

Region III of the Environmental Protection Agency (EPA) is currently reviewing permit applications submitted under the Resource Conservation and Recovery Act (the Act), 42 U.S.C. § 6910 et seq. for facilities treating, storing or disposing of hazardous waste. The permit application submitted for the facility located at Saxonburg Boulevard, Saxonburg, Pennsylvania indicates that it has a projected operation date of January 2, 1981, does not qualify for interim status due to its existence date, and, thus is a new facility. EPA will not process the Part A application for this facility until such time as we are prepared to issue permits to new facilities, unless you submit information which shows that this is an existing facility under regulation 40 C.F.R. § 260.10(a)(20) and meets all requirements to qualify for interim status.

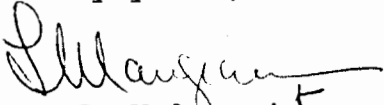
This letter is to inform you of the requirements and limitations of the Act and regulations concerning new facilities. Section 3005 of the Act, 42 U.S.C. § 6925, prohibits the treatment, storage or disposal of any hazardous waste without a permit or without having qualified for interim status.

Regulation 40 C.F.R. § 122.22(b) controls the application of the Section 3005 prohibition to new facilities. It provides that physical construction of a new facility may begin after November 19, 1980 but prior to the effective date of applicable 40 C.F.R. Part 264 standards without having received a permit under the Act if: 1) all applicable preconstruction approvals or permits have been obtained, 2) a Part A permit application has been submitted, and 3) there is a commitment to complete construction within a reasonable time. The construction may continue after the effective date of applicable 40 C.F.R. Part 264 standards if a Part B permit application is submitted before the effective date of the standards (or any other date set by EPA). A new facility constructed under these circumstances may not, though, be operated until the issuance of a finally effective permit under the Act. One exception is

that physical construction of new landfills, injection wells, land treatment and surface impoundments is not allowed prior to receiving a permit under the Act.

If you have any questions, please contact Ralph Siskind, an attorney on my staff, at the above address or at (215) 597-8915.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "T. Voltaggio", with a horizontal line extending from the end of the signature.

Thomas C. Voltaggio
Acting Director, Enforcement Division

RECORD OF COMMUNICATION PAT 44 001 2235		<input type="checkbox"/> PHONE CALL <input type="checkbox"/> DISCUSSION <input type="checkbox"/> FIELD TRIP <input type="checkbox"/> CONFERENCE <input type="checkbox"/> OTHER (SPECIFY) _____	
		(Record of item checked above)	
TO: MARS MINERAL CORPORATION W.M. ENGELLEIFNER, PRESIDENT (412) 898-1551		FROM: P.J. GOTTHOLD RCRA EPA REGION III A.T. KEARNEY, INC.	DATE MARCH 18, 1982 TIME
SUBJECT NEW FACILITY STATUS : SAXONBURG, PA			
SUMMARY OF COMMUNICATION 3/16/82 3PM - Mr. Engelleifner will call back. 3/18/82 330PM - Mr. Engelleifner will called back. He told me that the facility is now in operation and is handling electric furnace fines (K061). I told him he needed Part B of the permit application. He replied that he thought "the slip of paper with the number on it" was a permit (This was the notification acknowledgement). I will send him Part B information and then refer him to <u>Ralph Siskind</u>.			
CONCLUSIONS, ACTION TAKEN OR REQUIRED			
INFORMATION COPIES TO:			

FORM 3 RCRA		EPA U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION <i>Consolidated Permits Program</i> (This information is required under Section 3005 of RCRA.)		I. EPA I.D. NUMBER EPAT440012235																																																																									
FOR OFFICIAL USE ONLY				EPA REGION III																																																																									
APPLICATION APPROVED		DATE RECEIVED (yr., mo., & day)		COMMENTS																																																																									
		Dec 480001072																																																																											
II. FIRST OR REVISED APPLICATION																																																																													
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.																																																																													
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)																																																																													
<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)																																																																													
<input checked="" type="checkbox"/> 2. NEW FACILITY (Complete item below.)																																																																													
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)																																																																													
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B. REVISED APPLICATION (place an "X" below and complete Item I above)																																																																													
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS																																																																													
<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT																																																																													
III. PROCESSES - CODES AND DESIGN CAPACITIES																																																																													
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).																																																																													
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.																																																																													
1. AMOUNT - Enter the amount.																																																																													
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.																																																																													
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EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.																																																																													
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III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04 We will receive dust and fines, some of them in hazardous category and treat it by pelletizing. Then return pellets to original source or third party for reuse recycling or disposal in clean pellet form.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY									
PAT 440012235															DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)															D. PROCESSES									
EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEAS- URE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))										
	23	24	25	26		27	28	29	30	31	32	33	34											
1	K061				1,500,000	P	T04								Collective the dust or sludge to convert into clean, handleable form for reuse or recycling.									
2	D007				1,500,000	P	T04																	
3					(contained in and																			
4					included with ①)																			
5	K065				50,000	P	T04																	
6	K068				50,000	P	T04																	
7																								
8																								
9																								
10																								
11																								
12																								
13																								
14																								
15																								
16																								
17																								
18																								
19																								
20																								
21																								
22																								
23																								
24																								
25																								
26																								

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

3	F	P	A	T	4	4	0	0	1	2	2	3	5	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

55	56	57	58	59	60	61
----	----	----	----	----	----	----

72	73	74	75	76	77	78	79
----	----	----	----	----	----	----	----

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
E															

31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65
F																		

66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85
G																			

86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

IX. OWNER CERTIFICATION

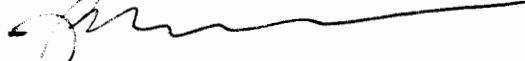
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

ROY E. FERRE



12-3-80

X. OPERATOR CERTIFICATION

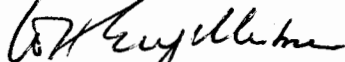
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

W. H. Engelleitner



12-3-80

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

I. INSTALLATION'S EPA I.D. NO.

II. NAME OF INSTALLATION

III. INSTALLATION MAILING ADDRESS

IV. LOCATION OF INSTALLATION

RECEIVED
RCRA SECTION
EPA REGION III
DEC 480000965

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER: FPAT44001223521
APPROVED: A
DATE RECEIVED (yr., mo., & day): 801204

I. NAME OF INSTALLATION

MRS MINERAL CORPORATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

P O BOX 123

CITY OR TOWN

VALENCIA

ST.

ZIP CODE

D7 16055

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

SAXOMBURG BLVD

CITY OR TOWN

SAXOMBURG

ST.

ZIP CODE

D7 16056

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

ENGELLEIRNER WM H PRESIDENT

PHONE NO. (area code & no.)

412-868-1551

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

FERNANDE ROY E

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

W	P	A	T	4	4	0	0	1	2	2	3	5	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K061	K064	K065	K066	K067	K068
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
K069					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

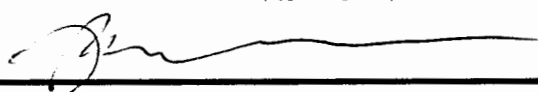
☒ 4. TOXIC
(D000)
X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Roy E. Ferree

NAME & OFFICIAL TITLE (type or print)



DATE SIGNED

12-3-80

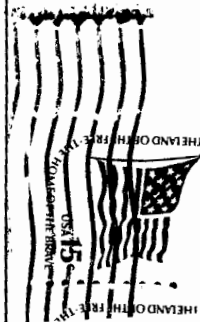
FROM:

Mars Mineral Corp

PO Box 128

Valencia, PA

16053



NOTIFICATION OF
HAZARDOUS WASTE ACTIVITY

EPA Region III
PO Box 1480
Philadelphia, PA 19107

DETACH ALONG THIS LINE

File



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ➤

PAT 44 001 2235

INSTALLATION ADDRESS ➤

Mars Mineral Corporation
P.O. Box 128
Valencia, PA 16059

Saxonburg Blvd.
Saxonburg, PA 16056

INTERNAL CHECKLIST

Installation's Name: *Marc Mineral Corp.*
 EPA ID #: *PAT 94 001 2235*
 Date sent for missing info:
 Date returned:

ADMINISTRATIVE
 DATE:

RECEIVED
 RCRA SECTION
 EPA REGION III

DEC 480001071

I. Interim Regulatory Requirements

A. (1) FORM 1 MISSING

(2) FORM **B** MISSING

B. POSTMARK after NOVEMBER 19, 1980

C. (1) DATE of OPERATION MISSING

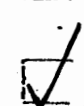
(2) DATE of OPERATION after NOVEMBER 19, 1980

D. (1) NON-NOTIFIER

(2) NOTIFIED after AUGUST 18, 1980

E. (1) FORM 1, ~~XIII~~ B SIGNATURE

(2) FORM 3, IX B SIGNATURE



Valid



Valid

New facility.



2. A. HANDLER

B. NONREGULATED

C. UNSURE

D. UNKNOWN FACILITY
 (missing name and address on Form 3)

E. NEW FACILITY

F. CORE ITEM(S) MISSING

G. NON-CORE ITEM(S) MISSING

H. OTHER

NOTE: Items checked indicates missing information

DESK MEMORANDUM

SUBJECT MARS MINERAL CORP					
PAT 44 001 22 35					
TO JIM WEBB			FROM C. HURSH		
DATE SENT 1-31-84			DATE NEEDED		
PLEASE CALL:	APPROVAL		SEE ME		
RETURNED YOUR CALL	AS REQUESTED		COMMENT		
INFORMATION	PREPARE REPLY/REPORT		NOTE AND FILE		
RECEIVED BY		DATE		TIME	
ROUTE	INITIAL	DATE	ROUTE	INITIAL	DATE

MESSAGE:

FROM 1-23-84 INTERVIEW W/ BOB HINKLE
412-898-1551

MARS MINERAL PERFORMED PELLETIZING SERVICE
FOR HUNTINGTON ALLOYS DIV. OF INCO (INT.
NICKEL CO.) PELLETIZED D007, D010 (ACCORDING
TO QUARTERLY REPORTS) THEN SHIPPED TO

INCO
COPPERCLIFF
ONTARIO, CANADA

AS A RESULT, MARS MINERAL SOLD AND
INSTALLED A PELLETIZING PLANT FOR HUNTINGTON
ALLOYS. PELLETIZING AT MARS MINERAL SAXONB.26
PLANT CEASED WITH EXPIRATION OF HUNTINGTON
ALLOYS CONTRACT (N7-82?). PLANT THEN
BURNED : WAS DEMOLISHED. NEW LOCATION IS
MARS-EVANS CITY RD, ADAMS TWP, BUTLER CO.

ROUTING AND TRANSMITTAL SLIP

Date

2/8/84

TO: (Name, office symbol, room number,
building, Agency/Post)

Initials

Date

1. *FILE*

2.

3.

4.

5.

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

ATTACHED MEMO FROM DER DESCRIBES
DER'S RESPONSE TO MARS MINERAL
CO. PERMIT STATUS. WE WILL CONTINUE
TO MONITOR THIS SITUATION. THIS
MATTER WAS DISCUSSED WITH RALPH
SEKIND. SINCE THE WASTE IS NOT LISTED
(RATHER IT IS D007), THE RECYCLING PROVISIONS
APPLY.

DO NOT use this form as a RECORD of approvals, concurrences, disposals,
clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Room No.—Bldg.

Phone No.

7-9377

5041-102

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

PHONE: 412-898-1551
TELEX: 866452

Mars Mineral Corp.

P. O. Box 128 • Valencia, Pa. 16059

F

W. H. ENGELLEITNER

President

DATE *12-3-80* TIME _____ A. M.
TO *EPA Region III* P. M.

We hope you can expedite
the ID part of our
application since we
hope to be able to treat
K 061 waste into pellets
soon.

Thanks

W. H. Engelleitner

Sent Manual A 1/21/81

Bob Hinkle